

AGENCY NAME

PLEASE RELEASE TO

THE FOLLOWING ARE ALL THE WARRANTS FROM CLAIM SCHEDULE NO.

CLAIMANT	AMOUNT	REASON
		<u>Please provide the reason for this request per SAM Section 8422.6. (check appropriate box):</u>
		<input type="checkbox"/> Ensure timely payment to avoid finance or interest charges by using alternate payment method such as a bank wire transfer.
		<input type="checkbox"/> Accommodate special request by payee.
		<input type="checkbox"/> Insert additional information with the payment.
		<input type="checkbox"/> Other: (Please provide support for this request.)
APPROVED (State Controller's Office)		SIGNATURE (Agency Representatives)

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